



# UNITED STATES LETTER CARRIERS MUTUAL BENEFIT ASSOCIATION

100 Indiana Avenue, N.W. Suite #510  
Washington, D.C 20001-2144  
(202) 638-4318

## CHANGE OF BENEFICIARY

Traditional       Roth

### Owner Information

Policy Number: \_\_\_\_\_

_____ Name	_____ Social Security Number	_____ Date of Birth
_____ Address	_____ Home Phone Number	_____ Daytime Phone Number
_____ City/State/Zip Code		

### New Beneficiary Information

#### Primary Beneficiary

Primary Beneficiary       Contingent Beneficiary

_____ Name	_____ Relationship	_____ Name	_____ Relationship
_____ Social Security Number	_____ Date of Birth	_____ Social Security Number	_____ Date of Birth
_____ Address		_____ Address	
_____ City/State/Zip Code		_____ City/State/Zip Code	

Primary Beneficiary       Contingent Beneficiary       Primary Beneficiary       Contingent Beneficiary

_____ Name	_____ Relationship	_____ Name	_____ Relationship
_____ Social Security Number	_____ Date of Birth	_____ Social Security Number	_____ Date of Birth
_____ Address		_____ Address	
_____ City/State/Zip Code		_____ City/State/Zip Code	

I, the undersigned IRA Owner, hereby designate the above as my beneficiary(ies). If primary or contingent is not indicated, primary will be assumed. Unless otherwise requested herein, each payment made pursuant to this designation: (a) shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death; or (b) if no primary beneficiary(ies) shall be living at the time of my death, such payment shall be made in equal shares to the contingent beneficiary(ies) who are then living. I have the right to change this designation at any time.

Spousal consent: (for use in community or marital property states) I agree to my spouse's naming a primary beneficiary other than myself. I transfer (transmute) any community property interest I have in this IRA into the separate property of my spouse. I agree to seek the legal advise of a legal or tax professional, as needed.

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

### Signatures

I authorize the financial institution named above to make the changes indicated. This beneficiary designation supersedes any and all prior beneficiary designations by the IRA Owner. I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Trustee/Custodian. I agree to seek the advice of a legal or tax profession, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility. I will not hold the Trustee/Custodian liable for any adverse consequences that may result.

Signature of IRA Owner \_\_\_\_\_ Date \_\_\_\_\_ Authorized Signature of Trustee/Custodian \_\_\_\_\_ Date \_\_\_\_\_